

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. 107 700	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2	1												
3	1												
4	1												
5		4											
6		4											
7		(1)											
8		(1)											
9		(1)											
10		(1)											
11		(1)											
12		(1)											
13		(1)											
14		(1)											
15		(1)											
16		(1)											
17		(1)											
18		(1)											
19		(1)											
20		(1)											
21		(1)											
22		(1)											
23		(1)											
24		(1)											
25	1												
26		1											
27		(1)											
28		(1)											
29		(1)											
30	1												
31	1												
32		2											
33		(1)											
34		(1)											
35		1											
36		1											
37		2											
38		(1)											
39		(1)											
40	1												
41	1												
42	1												
43		1											
44		(1)											
45		(1)											
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.	10	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	43	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	53						TOTAL CLAIMS						